

# Is spiritual healing a valid and effective therapy?

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## SUMMARY

**This paper briefly reviews the evidence supporting the reality of healing as a scientifically-attested phenomenon, the techniques and mechanisms of healing and the potential value of this therapy if it were developed and integrated into the medical services. The need for further extensive research is indicated and strategies for such research are suggested.**

## INTRODUCTION

Medical science has made tremendous advances in health care but in doing so has raised both the cost and patients' expectations of medical treatments. The costs of the National Health Service now form a significant proportion of GDP and seem set to continue rising. Thus it may become necessary to ration health care in the future<sup>1,2</sup>. A new approach to solving this problem would be to develop low-cost, effective therapies which would allow a more efficient use of available funding whilst helping to maintain the level and quality of health care.

Healing, of the type known as spiritual, mental, faith or paranormal healing, is potentially such a therapy. However, available evidence, although demonstrating that healers can improve the health of patients by mechanisms other than those suggested by the British Medical Association in its original, 1986, report on alternative medicine<sup>3</sup>, i.e. psychological effects resulting from healers spending longer with the patient than conventional doctors, is at present not enough to overcome resistance against the development and incorporation of healing as a recognized therapy. In spite of such resistance, however, there have recently been significant changes in official attitudes towards healers and other complementary practitioners. Thus the General Medical Council has amended its ethical rule book to allow doctors to delegate patient care to such practitioners, and the Department of Health has changed its administrative rules to allow general practitioners (GPs) to employ these practitioners in their practices<sup>4,5</sup>.

Healing consists of a simple, direct relationship between healer and patient through which an improvement in the patient's condition may occur. The mechanisms underlying healing acts are usually explained on the basis of the transmission of 'healing energy', although as yet there is

little understanding of what sort of energy may be involved. However, both healers and patients are frequently aware of the flow of what is best described as energy and thus healing can be simply defined as:

The direct interaction between one individual, the healer, and a second, sick individual with the intention of bringing about an improvement or cure of the illness. Any healing effect results from the channeling of an, as yet unrecognized, energy through the healer to the patient.

The purpose of this discussion paper is to examine the evidence in favour of healing, to consider its potential value for patient care and to suggest the steps necessary for its acceptance as a scientifically-valid therapy complementary to medicine.

## THE REALITY OF HEALING

The evidence in favour of healing as a phenomenon with an objective reality which can be measured and investigated is twofold:

### The historical record

There is an extensive historical record concerning healing which provides substantial evidence in favour of its reality. For example, in western, Christian culture there is a considerable literature on healing<sup>6-9</sup>. However, although all ages have produced accounts of successful healings, this evidence must be viewed with care because:

- Almost all such records are anecdotal evidence and cannot be assumed to be proven scientifically. Similarly, the quality of historical accounts varies greatly.
- Historically attitudes to disease and healing differed greatly at different times and thus care must be taken in interpreting the older records particularly. Nevertheless, studies such as that by Gardner<sup>9</sup> may suggest close parallels between some modern and older healings.

Table 1 A summary of some of the more significant research results showing a positive healing effect, as reviewed by Benor<sup>19</sup>

Subject of healing	Researcher(s)	Summary of results	Significance
Effects on enzymes			
Human platelet monoamine oxidase	Rein, 1986*	Increased enzyme levels	$P < 0.001$
Effects on microorganisms			
Inhibition of fungal cultures	Barry, 1968	Decrease in fungal growth	$P < 0.001$
Carbon dioxide production in yeast cultures	Grad, 1965	Change in CO <sub>2</sub> production	$P < 0.0005$
Effects on cells <i>in vitro</i>			
Red blood cell haemolysis	Braud <i>et al.</i> , 1979	Reduction in haemolysis	$P < 0.001$
Red blood cell haemolysis	Braud, 1988	Reduction in haemolysis	$P < 0.00002$
Effects on plants			
Barley seeds	Grad, 1965	Reduced effect of saline damage	$P < 0.001$
Effects on animals			
Skin wounds in mice	Grad, 1965	Increased rate of wound healing	$P < 0.001$
Retardation of goitre growth in mice	Grad, 1965	Slower thyroid growth	$P < 0.001$
Effects on humans			
Increase in blood haemoglobin levels	Krieger, 1975	Increased Hb post-treatment	$P < 0.01-0.001$
Anxiety state in cardiac patients	Heidt, 1979	Reduced levels of anxiety	$P < 0.01-0.001$

\*References quoted in Benor (Ref 19)

However, the extensive amount of anecdotal evidence available, particularly from this century, is such that it cannot be ignored. Although single accounts can be rejected as unreliable, taken together the whole body of evidence indicates that there is a phenomenon worth investigating further. In this context, MacEoin<sup>10</sup> has argued the case in favour of good anecdotal evidence.

### The scientific evidence

The literature concerning experimental investigations into healing and related phenomena has been widely reviewed<sup>11-18</sup>. However, although many laboratory experiments have been performed on animals, plants and microorganisms, many have been concerned with demonstrating psychokinetic (PK) effects rather than the recovery of sick organisms; seeking, for example, to influence growth or behaviour rather than to heal.

A recent review by Benor<sup>19</sup> has concentrated specifically on healing research. In assessing work performed since 1952, Benor concluded that, of 136 controlled experiments, 56 significantly demonstrated a positive effect of healing. A variety of models or conditions have been used with significant results and a range of these are summarized in Table 1. Most recently, Benor<sup>20</sup> has produced a detailed review and assessment of all published healing research.

Our own research<sup>21,22</sup> has concentrated on demonstrating the ability of a gifted healer, known personally to us<sup>21</sup>. The model used in these experiments was that of salt-stressed cress seeds, thus providing a 'diseased' organism which could react positively to healing. The results of the experiments, which were repeated six times, showed that the healer was capable of stimulating

seed recovery and growth at a very high level of statistical significance in five of the six experiments and to a lesser degree in the other, and were thus a specific demonstration of a healing effect (see Figure 1).

Clearly, a body of sound research has now been accumulated which for many supports the reality of healing beyond reasonable doubt<sup>20,23-26</sup> and provides evidence that healing can occur when psychological factors, which may manifest as the placebo response, have been eliminated or allowed for in the analysis. When combined with the mass of anecdotal evidence already described, it may be concluded that the reality of healing has been demonstrated. However, because many scientists and doctors still regard this reality as unproven, there is a need for further detailed research to place healing on a more substantial footing in the mainstream of science and medicine.

Nevertheless, there is increasing public interest in healing with many people seeking help from healers and other complementary therapists<sup>27</sup>. In the main healing organizations alone there are more than 8000 registered healers who are involved in treating patients both within and outside the National Health Service (NHS). In parallel, a growing interest is developing among many doctors, particularly GPs. Healing is increasingly being seen as a technique which can provide benefits to patients with a wide range of ailments: but relatively inexpensively and without the side-effects which may arise from treatments provided by modern medicine. Thus, the development of healing as a scientifically-based therapy and its wider availability could be of benefit to both medicine and the individuals it seeks to help.

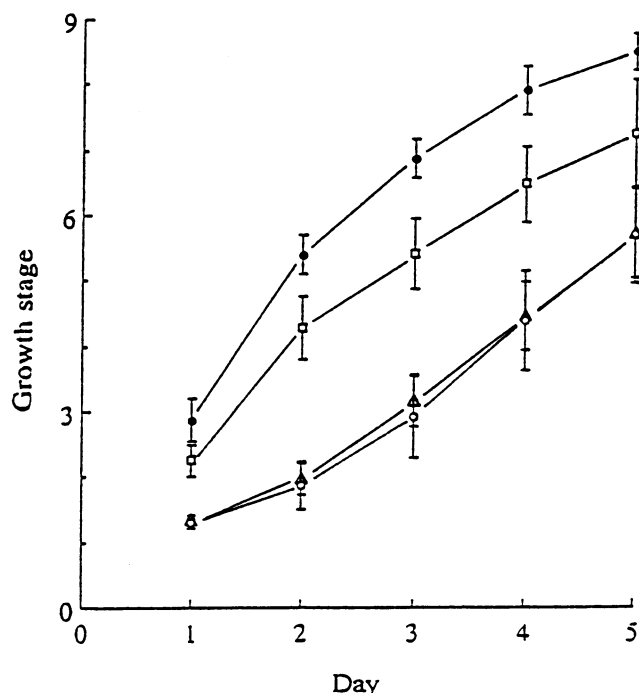


Figure 1. Germination and growth patterns of cress seeds in relation to treatment by a healer. All seeds were soaked overnight in either salt solution (salt-stressed) or in distilled water (normal, unstressed). After treatment, all seeds were placed in a controlled environment chamber and assessed daily using a pre-determined scale of germination and growth. The upper line in the graph (●) shows the normal pattern of growth of unstressed seeds. The lowest pair of lines (control, △; untreated, ○) show that there are no significant differences between seeds which were stressed but not handled by the healer, and those which were stressed and held but not healed by him. The centre line (treated, □) represents the growth of seeds which were stressed and then healed. The vertical bars represent standard deviations and the separation between the healed and unhealed lines represents a very high degree of significance between healed and unhealed groups of seeds, with  $P$  varying between  $6.7 \times 10^{-6}$  and  $3.3 \times 10^{-9}$ . (From Hodges, Scofield, *J Act Compl Med* 1991;9(9):11-12, with permission)

## THE TECHNIQUES OF HEALING

Some of the better known techniques of healing are:

- 1 *Faith healing*: This occurs in a religious context, usually during a church service or in the form of prayer groups for healing<sup>28</sup>.
- 2 *Spiritual healing*: In Britain this is the most commonly-used name for healing using the laying-on-of-hands, the technique most widely used. This method does not require faith from the patient. Healing is administered by placing the hands on, or close to, the patient's body. A variation of this technique is distant healing, where the healer directs healing intentions to the patient situated elsewhere. There is evidence both in favour of<sup>29-31</sup>, and against<sup>32</sup>, a positive effect of distant healing. Research

suggests that distant healing is not based on electromagnetic energies<sup>33</sup>.

- 3 *Therapeutic touch*: This is very similar to spiritual healing except that the healer works just above the surface of the body<sup>34,35</sup>. It is one of the few healing techniques which has made any significant headway within the health professions, particularly in the USA. It has been tested in a limited number of research trials, with some significantly positive results<sup>19,20,35,36</sup>.
- 4 *Reiki healing*: Reiki is a system of healing which was developed in Japan<sup>37</sup>. It uses both laying-on-of-hands and distant healing techniques. Little testing has been done on Reiki healing but one test has shown significant changes in some blood parameters<sup>37</sup>.

## THE MECHANISM OF HEALING

Almost without exception healers describe the transmission and balancing of energies as being the basis of their work with patients and consider that their effectiveness is based on more than psychological factors or the placebo response. Although, at present, there are only very tenuous theoretical foundations underlying healing, the idea of energy transfer is a concept central to its practice and the theory proposing a subtle, universal form of energy which is activated during the process of healing is a regularly recurring theme throughout the literature of this subject<sup>25,35,38-40</sup>. Observation and practice strongly suggest that the energies associated with healing may be outside the known electromagnetic spectrum and thus at present unrecognized by science.

The following hypothesis is suggested to explain the mechanisms of healing:

That there is some form of energy, or spectrum of energies, of a nature which is at present undetected by normal scientific methods, and that this energy is fundamental to the well-being of life. Illness and disease either cause, or are the result of, imbalances or blockages in the normal flow of this energy in the affected organism. The purpose of the healer is to channel the energy from what is usually termed a "higher" source into the patient where, firstly, it increases the energy levels and flows, and re-establishes a balance; secondly, it activates the natural healing force (the *vis medicatrix naturae*) within patients, helping them to heal themselves and to return towards a state of normality. In many patients healing treatment brings help and improvement in the condition; occasionally it may bring the rapid or instantaneous cure of serious conditions.

This hypothesis is supported both by the practical experience of many healers and also by the scientific research described above. However, whether one accepts the above account as a working hypothesis, or whether one seeks a more conventional explanation, there is a great need for further research into both the mechanisms and effects of

healing because it has considerable potential value in the treatment of illness, disease and injury.

### THE VALUE OF HEALING

No system of treating the sick can guarantee a cure and healing is no exception to this rule. Nevertheless, after treatment by a healer, patients normally receive benefit on one or more of three levels—body, mind and spirit—and also in their general quality of life<sup>41</sup>.

The important aspects of the value of healing can be summarized as follows:

- 1 As indicated above, there is clear evidence that it can be effective.
- 2 It is simple and straightforward, requiring the minimum of support costs.
- 3 It is non-invasive and thus relatively risk-free. Furthermore, it can be used in support of both medical and surgical procedures with considerable benefit.
- 4 There are no apparent side effects nor contra-indications.
- 5 Healing has considerable economic value. Healers can and do treat their patients at home, in surgeries and in hospitals; treatment may also take place at a distance. There are 49 National Federation of Spiritual Healers Centres around the country where regular treatment sessions are held<sup>41</sup>. The simplicity of the technique and the facilities required means that costs are relatively small. If healing were developed and integrated into medical practice, considerable economic benefits would accrue from: (i) the relative cheapness of healing as a replacement therapy where suitable; (ii) the potential reduction in time needed in hospital when healing supplements conventional treatments; and (iii) the likely reduction in the overall drug bill resulting from the use of healing. There is evidence to support this last point<sup>41</sup>.

### STRATEGIES FOR RESEARCH

The lack of general acceptance of the reality of healing is not obviously due to a lack of evidence, although we accept that not all published work has been conducted to the highest standard<sup>42</sup>; more likely is the failure of people to examine the available evidence. It is, therefore, crucial that further good quality trials be conducted if only for the purpose of building a body of evidence which, despite the problems associated with placebo effects and difficulties with organizing blind trials, may raise the awareness of the medical profession to the phenomenon. Clinical trials are being undertaken in Britain under the auspices of the Confederation of Healing Organizations (CHO) on the healing treatment of arthritis, leg ulcers, parasitic infestation of horses and paraplegia in cats<sup>4,43</sup>.

The demonstration of a transferable healing energy is crucial to both a proper acceptance of healing and as a step towards understanding its fundamental nature. Truly blind trials using non-sensate targets where psychological factors are removed are possible in this area. Our own work on seeds is an example of a range of options that already includes the use of more mature plants, cells in culture and even enzymes *in vitro*. Models where the disease or stress can be carefully induced provide an opportunity to control potential confounding factors.

Laboratory studies should eventually be extended to determining characteristics of the healing energy: for example, one worker has already claimed that healing can affect the surface tension of water<sup>44</sup>. An understanding of how healing can be blocked or potentiated using laboratory tests may provide information on how healing can be made more effective. Such studies could fruitfully be combined with a survey of successful healers in an attempt to identify those factors that make them effective.

### CONCLUSIONS

Healing is at present still largely viewed with scepticism by medical science, in spite of evidence which points strongly towards the need for an objective investigation and assessment of the phenomenon. The main difficulty in bringing about what, if developed and integrated into medical practice, could be a major advance in health care and potentially a significant factor in controlling medical costs, is that the concepts and mechanisms underlying healing appear to be radically different from those underpinning modern medicine.

However, healing is clearly becoming more widely recognized as: (1) more than 8000 healers in Britain in the main healing organizations are affiliated to the CHO; (2) the CHO have developed a Code of Conduct acceptable to the General Medical Council, together with disciplinary procedures and agreed criteria for membership and training; (3) a Register of Healers has been published and the Department of Health has recently clarified Government policy regarding the employment of healers within the NHS<sup>4,43</sup>. It therefore seems essential that a more widely-acceptable scientific case for healing be developed: that healing as a therapy be scientifically validated by a properly constructed programme of research.

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